

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875

Application or Serial Number
10/718371

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOI	NUMBER FILED	NUMBER EXTRA	RATE	FEE			RATE	FEE
BASIC FEE (37 CFR 1.10(a))								
TOTAL CLAIMS (37 CFR 1.10(a))								
INDEPENDENT CLAIMS (37 CFR 1.10(b))								
MINIMUM DEPENDENT CLAIM FEE SENT (37 CFR 1.10(c))								
* If the difference in column 1 is less than zero, enter "0" in column 2								
				TOTAL			TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENCE EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE		
TOTAL (37 CFR 1.10(a))	21	21		25			50				
INDEPENDENT (37 CFR 1.10(b))	3	4		100			200				
MINIMUM DEPENDENT CLAIM FEE SENT (37 CFR 1.10(c))											
* If the difference in column 1 is less than zero, enter "0" in column 2											
				TOTAL ADDL FEE			TOTAL ADDL FEE				

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENCE EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE		
TOTAL (37 CFR 1.10(a))	21	21		25			50				
INDEPENDENT (37 CFR 1.10(b))	3	4		100			200				
MINIMUM DEPENDENT CLAIM FEE SENT (37 CFR 1.10(c))											
* If the difference in column 1 is less than zero, enter "0" in column 2											
				TOTAL ADDL FEE			TOTAL ADDL FEE				

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENCE EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE		
TOTAL (37 CFR 1.10(a))	21	21		25			50				
INDEPENDENT (37 CFR 1.10(b))	3	3		100			200				
MINIMUM DEPENDENT CLAIM FEE SENT (37 CFR 1.10(c))											
* If the difference in column 1 is less than zero, enter "0" in column 2											
				TOTAL ADDL FEE			TOTAL ADDL FEE				

* If the number in column 1 is less than the number in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" is less than 100, enter "100".
 **** The "Minimum Dependent Claim Fee Sent" is the fee for the lowest number of independent claims in the application as amended.

0/718371
 2/28/05
 Shawn

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